

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000042095

**Entity Name:** ANALYTICAL PROVIDER, CORP

**Current Principal Place of Business:**

3650 NW 82 AVE.  
SUITE 404  
DORAL, FL 33166

**Current Mailing Address:**

3650 NW 82 AVE.  
SUITE 404  
DORAL, FL 33166 US

**FEI Number:** 42-1775191

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOUZA CRUZ, ROBERTO DE  
3650 NW 82 AVE.  
SUITE 404  
DORAL, FL 33166 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SOUZA CRUZ, ROBERTO DE  
Address 20255 NE 34TH CT APT 812  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name ORSINO NASCIMENTO, RENATO  
Address 20255 NE 34TH CT APT 812  
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERTO DE SOUZA CRUZ

**PRESIDENT**

**04/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date